

**NATIONAL PARK SERVICE**  
**CHESAPEAKE AND OHIO CANAL NATIONAL HISTORICAL PARK**  
**APPLICATION FOR A BUSINESS PERMIT**

In response to your initial inquiry concerning an Incidental Business Permit at Chesapeake and Ohio Canal National Historical Park, attached is an Incidental Business Permit application form for you to complete and return to us. It is important that the application be as detailed as possible concerning your proposed activity. For example, we must know where you choose to be, what kind of activity you would like to execute, the types of equipment that you may use, and any special needs you may have. If you are not familiar with the area, it is advisable to make an advanced planning trip.

The National Park Service staff will utilize the information on the application to evaluate the impact of your activity on park resources and other visitors. It may require **several weeks** to review your request and render a decision.

A \$200 check is required with your application. If we should deny your application \$100 will be refunded to you. Please make the check payable to the **National Park Service**.

Please be complete in addressing items 1-9 of the application, failure to do so may slow the processing time of your permit.

Send application to	C&O Canal NHP 1850 Dual Highway, Suite 100 Hagerstown, MD 21740 Attn: Richard T. Briggs	Phone: 301-745-5817 FAX: 301-739-5275
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**INCIDENTAL BUSINESS PERMIT APPLICATION FORM**

**for  
COMMERCIAL SERVICES  
within  
C&O Canal National Historical Park  
1850 Dual Highway, Suite 100  
Hagerstown, MD 21740  
Phone: 301-739-4200**

**Applicant Name:** \_\_\_\_\_  
\_\_\_\_\_

**Business Name:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant's complete Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Identification Number (TNN) or Social Security Number (SSN):** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
\_\_\_\_\_

**As an applicant, are you? (Mark one box with "X")**

- ☐ Individual  
☐ Corporation  
☐ Partnership/Association  
☐ State Government/State Agency

**If you are an individual or partnership, are you also a citizen(s) of the United States?**

☐ Yes ☐ No

Please Attach the Following Additional Information:

- 1.** Current Brochures (1)
- 2.** Advertising Materials
- 3.** Description of client charges and fees (what client fees cover). Attach Rate Sheet.
- 4.** Documentation of Insurance Coverage (Certificate of Insurance) meeting NPS permit requirements.
- 5.** Description of Proposed Service: Please include: season or main period of operation, who is your client/audience, services offered to clients, location, frequency, party size, does this service include the use of motorized equipment or stock animals?
- 6.** Areas of the park that you want to use.
- 7.** Instructor/Guide Certification: Please identify all instructors/guides who would be working under your permit. Attach copies of current licenses/certifications. (Include a statement addressing your requirements for employment, staff training programs, etc. Include a copy of employee's current CPR/First Aid cards. Notification must be given in writing of any staffing changes during your operating season).
- 8.** Safety Plan. (Including, but not limited to evacuation and emergency procedures, contact points, use of cellular phones, first-aid equipment and training, etc.)

9. Type of vehicles in the operation and the vehicle capacity of each.

Have you ever, or are you currently providing commercial services under a license/permit issued by a state or federal land management agency? If "yes" please indicate the agency (agencies), location(s), dates, type of service offered, and all previous names used in these operations.

☐ Yes

☐ No

I HEREBY CERTIFY that I am of legal age and authorized to do business in the state of Maryland and that I have personally examined the information contained in this application and that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature (Sign in Ink)

\_\_\_\_\_  
Date

Title 18, U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

Please return the completed application form, along with a \$200 check made out to the **National Park Service**. Send this to: C&O Canal National Historical Park, P.O. Box 4, Sharpsburg, Maryland 21782. Should we deny your request a refund of \$100 will be sent to you. Should there be any questions regarding this application or the permit process, please contact Richard Briggs at 301-739-4200.

***ADDITIONAL INFORMATION ON INSURANCE AND INDEMNITY: Minimum Requirements***

The following is general information regarding insurance and indemnity requirements :

A. GENERAL. The permittee shall save and hold harmless, defend and indemnify the United States of America, its agents and employees for losses, damages or judgments and expenses on account of fire or other peril, bodily injury, death or property damage, or claims for bodily injury, death or property damage of any nature whatsoever, and by whomsoever made, arising out of the activities of the permittee, his/her employees, subcontractors or agents under this permit. The types and amounts of insurance coverage purchased by the permittee shall be approved by the Superintendent. The permittee shall, annually, or at the time insurance is purchased, provide the Superintendent with a Statement of Concessioner Insurance and Certificate of Insurance as evidence of compliance with this section and shall provide the Superintendent thirty (30) days written notice of any material change in the permittee's insurance program hereunder.

The Superintendent will not be responsible for any omissions or inadequacies of insurance coverage and amounts in the event the insurance purchased by the permittee proves to be inadequate or otherwise insufficient for any reason whatsoever.

B. PUBLIC LIABILITY. The permittee shall provide Comprehensive General insurance against claims occasioned by actions or omissions of the permittee by carrying out the activities and operations authorized hereunder. Such insurance shall be in an amount commensurate with the degree of risk and the scope and size of such activities authorized herein, but in any event, the minimum limits of liability shall be **\$500,000** per occurrence covering bodily injury and property damage. If claims reduce available insurance below the required per occurrence limits, the permittee shall obtain additional insurance to restore the required limits. An umbrella or excess liability policy, in addition to a Comprehensive General Liability Policy, may be used to achieve the required limits.

From time to time, as conditions in the insurance industry warrant, the Superintendent reserves the right to revise the minimum required limits.

**All liability policies are to specify that the insurance company shall have no right of subrogation against the United States of America or shall provide that the United States of America is named an additional insured.**

The permittee shall also obtain the following additional coverage at the same limits as required for the permittee's comprehensive general liability insurance unless other limits are specified below:

- (1) Automobile Liability – To cover all owned, non-owned and hired vehicles operated inside the park by the permittee; Comprehensive Automobile Liability, Uninsured Motorist coverage, and Statutory “No-Fault” coverage, as required by the State of Maryland and/or the District of Columbia. Coverage is required if vehicles are used in the operation.

Minimum Amount \$500,000 (or higher depending on the vehicle capacity.)

- (2) Worker's Compensation – Statutory worker's compensation and employees' liability as required by the State of Maryland and/or the District of Columbia.

(IBP-APP 5/96)